

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041560

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 212

FILED NOV 20 1962

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		c. CITY OR TOWN Amsterdam	
Length of stay in 1b 1 year		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home		d. STREET ADDRESS (If outside, give location) none	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ada May Pattee			4. DATE OF DEATH Oct. 10-29-62
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-21-1876
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months 0 Days 1	
IF UNDER 24 HR Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	
11. BIRTHPLACE (City and state or country) Jefferson Co., Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph C. Groff		13b. MOTHER'S MAIDEN NAME Hannah Snook	
14. NAME OF HUSBAND OR WIFE Frank Pattee, dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Hannah Smith, Cleveland, Ohio		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Bronchitis			2 days
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) --			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-9-62 to 10-29-62 and last saw her/him alive on 10-29-62 Death occurred at 11:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. E. Banka, M. D., M. D.		22b. ADDRESS State Bank Building Butler, Mo.	
22c. DATE SIGNED 11-6-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-1-62	
23c. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery		23d. LOCATION (City, town, or county) (State) Bates County, Mo.	
24. FUNERAL DIRECTOR Archer & Mangold, Amsterdam, Mo.		25. DATE RECD. BY LOCAL REG. 11-10-62	
26. REGISTRAR'S SIGNATURE Norme Jean Wilson			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 **0076**

2 **0070**

3

4 **1**

5 **2**

6

7 **1**

8 **2**

9 **500 X**

10

11

12 **86-0**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert A. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.